

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008072

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2581

STATE FILE NUMBER

FILED MAR 15 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP #1

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4515 Evans

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARY

Middle

Ellen

Last

GALLAGHER

4. DATE OF DEATH

Month

Day

Year

3

5

62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/2/1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Edgar Nelson

13b. MOTHER'S MAIDEN NAME

Catherine Masterson

14. NAME OF HUSBAND OR WIFE

Matthew Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lawrence Myers,

Cuba, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of breast

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

170 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-15-62 to 3-5-62 and last saw her alive on 3-5-62
Death occurred at 5:00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signed by title)

Glenn S. Schaefer

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

3-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

3-7-62

23c. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

23d. LOCATION (City, town, or county)

Cuba, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hoener Funeral Home, Cuba, Mo.

25. DATE RECD. BY LOCAL REG.

MAR 6 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

SBH AFTER USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Elton H. Remelius

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.